

**BEST AVAILABLE COPY** State Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		10/2/97
EXAMINER		
TYPIST	71702	12-16
VERIFIER		
CORPS.CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Final	Original	Date
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35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

SYMBOLS  
 ✓ ..... Rejected  
 = ..... Allowed  
 - (Through numerals) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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